

SPLIT CUSTODY CALCULATION

1.

Child's Name	Custody (F or M)	Show combined monthly share from line 7, worksheet 1, divided by total number of children	Show each parent's share (apply percent from line 6, worksheet 1)	
			Father	Mother
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Total amount owed to father by mother
(mother's share from above for children
in father's custody)

3. Total amount owed to mother by father
(father's share from above for children
in mother's custody)

4. Support to be paid by mother/father
(difference between lines 2 and 3)

(mother/father)

Additional Adjustment for Child(ren)'s health insurance premium

	Father	Combined	Mother
5. Child(ren) health insurance premium* (from line 8, worksheet 1)	_____	_____	_____
6. Combined health insurance premium(s)		_____	
7. Each parent's share of premium (line 6 from worksheet 1 times line 6 above)	_____		_____
8. Amount of premium paid (line 5)	_____		_____

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9. Amount owed to other parent for premium
(line 7 minus line 8, if negative amount enter \$0) _____
- 10.a. Which parent owes basic support on line 4? _____
(mother/father)
- 10.b. Which parent owes support for health insurance on
line 9? _____
(mother/father)
- 10.c. Does the same parent owe support on lines 10a and 10b? _____
(Yes/No)
11. Total support to be paid by parent on line 10a
(if YES on line 10c, line 4 plus line 9; if NO
on line 10c, line 4 minus line 9) _____

* The parent requesting an adjustment for health insurance premiums must submit proof of the cost of the premium for the child(ren).

Worksheet 2 amended effective July 1, 2007; worksheet 2 amended October 24, 2007.